

08-21-01

PATENT Utility Application Transmittal
Attorney Docket No.: EMC-01-018
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09/933468
10/02/01

11042 U.S. PTO
08/20/01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Christopher S. MacLellan *GROUP ART UNIT:* Not Yet Assigned
U.S.S.N.: Not Yet Assigned *EXAMINER:* Not Yet Assigned
FILING DATE: August 20, 2001
TITLE: *TESTING SYSTEM AND METHOD OF USING SAME*

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Date: August 20, 2001

By: 
Print Name: Julie Mazzarella

UTILITY PATENT APPLICATION TRANSMITTAL

BOX PATENT APPLICATION
Assistant Commissioner for Patents
Washington, DC 20231

Sir:

Transmitted herewith for filing is a patent application entitled:

TESTING SYSTEM AND METHOD OF USING SAME

09933468 "082001

Named Inventor(s) / Inventor Address(es) / Inventor Citizenship(s):

Inventor's Name:	Christopher S. MacLellan
Residence:	27 Mozart Drive, Walpole, MA 02081
Citizenship:	USA

Enclosed are:

- [x] Transmittal Letter (this form, 3 Pages, IN DUPLICATE) Total Pages: 6;
- [x] Utility Patent Application Specification including Cover Sheet, Title of the Invention, Background of the Invention, Summary of the Invention, Brief Description of the Drawings, Detailed Description, 24 Claims (4 Independent, 20 dependent), Abstract of the Disclosure, Total Pages: 40;
- [x] Drawings: [x] Formal, [] Informal (Figs: 1-5), Total Sheets: 5;
- [x] Request and Certification Under 35 U.S.C. 122(b)(2)(B)(I); Total Sheets: 1;
- [x] Newly Executed Oath/Declaration/Power Of Attorney, Total Pages: 3;
- [x] Assignment Papers (Assignment Recordation Cover Sheet 1 page, Copy of Assignment Document, 2 pages), Total Pages: 3;
- [x] Return Receipt Postage Pre-paid Postcard;
- [x] Authorization to charge deposit account; with fee amounts calculated as follows:

CLAIMS	Number Filed	Number Extra	Rate	Calculations
Total Claims	24 - 20 =	4	x \$18	\$72.00
Independent Claims	4 - 3 =	1	x \$80	\$80.00
Multiple Independent Claims			+ 270 =	0
BASIC FILING FEE =				\$710.00
Total of Above Calculations =				\$862.00
Assignment Recordation Fee =				\$ 40.00
TOTAL FEE FOR THIS PATENT APPLICATION =				<u>\$902.00</u>

Please direct all telephone calls and address all correspondence to:

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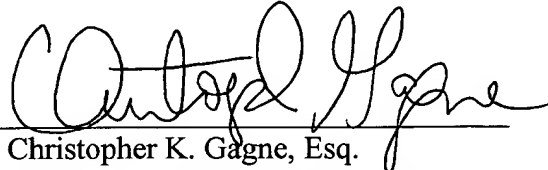
Please charge any fees associated with this transaction to Deposit Account No. 05-0889.

If the enclosed papers or fees are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned collect at (508) 435-1000 Ext. 76038, in Hopkinton, Massachusetts.

Respectfully submitted,

Dated: 20-Aug-01

By:



Christopher K. Gagne, Esq.

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